6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1.	Name LOUISIANA ACADEMY OF FAMILY ALYSICIANS
	Addiess 919 TARA Boulevard, BATON ROUSE, LA 70806
	Business or purpose FAMILY PHYSICIANS ASSN
	Does this person pay you? 155
	If No, who pays you?

LOBBYING REGISTRATION FORM

Lebijthi's Registration number

2.	Napte
	A.sictress
	Business or purpose
	Does this person pay you?
	If No, who pays you?
3.	Name,
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
4.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
	127-027-021-025 NF

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

